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CONFIRMATION NO. 9622

SERIAL NUMBER 09/657,041	FILING DATE 09/05/2000 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. BSI-430US8
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APPLICANTS

Leonard Pinchuk, Miami, FL;
Rysler Alcime, Miami, FL;
Yasushi Kato, Pembroke Pines, FL;

**** CONTINUING DATA *******

THIS APPLICATION IS A REI OF 08/863,964 05/27/1997 PAT 5,855,598
WHICH IS A CIP OF 08/558,028 11/13/1995 PAT 5,632,772
AND A CIP OF 08/558,034 11/13/1995 PAT 5,639,278
AND SAID 08/558,028 11/13/1995
IS A CIP OF 08/140,245 10/21/1993 ABN
AND SAID 08/558,034 11/13/1995
IS A CIP OF 08/140,245 10/21/1993 ABN

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

Expandable supportive branched endoluminal grafts

FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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